

Name: _____

State Licensed Appraiser Candidate Experience Log

 Page # _____
 (Please number *each* page)

Office File #	Appraisal Date (mm/dd/yy)	Property Address	Property Type ¹	Type of Assistance ² e.g., 1(d)	# of Work Hours	Supervising Appraiser (print name on top line, signature on bottom). Maintain a separate log for each supervising appraiser.	Supervisor License Number	Points Claimed	Agency Use Only
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
		Street:				Print name:			
		City, State:				Signature:			
Applicant's signature: _____								Subtotal Points for This Sheet	

¹ 1. Residential, 2. Commercial, 3. Industrial, 4. Agricultural, 5. Land, 6. Other

² Refer to Appraisal Experience Points Schedule for Unclassified Individuals